

## REQUEST FOR PATENT FEE REFUND

1 Date of Request: 6-13-052 Serial/Patent # 10/520908

3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input checked="" type="checkbox"/> Filing		1	1-10-05	\$ 50
<input type="checkbox"/> Amendment				\$
<input type="checkbox"/> Extension of Time				\$
<input type="checkbox"/> Notice of Appeal/Appeal				\$
<input type="checkbox"/> Petition				\$
<input type="checkbox"/> Issue				\$
<input type="checkbox"/> Cert of Correction/Terminal Disc.				\$
<input type="checkbox"/> Maintenance				\$
<input type="checkbox"/> Assignment				\$
<input type="checkbox"/> Other				\$
		7 TOTAL AMOUNT OF REFUND	\$ 50	
		8 TO BE REFUNDED BY:		
<input checked="" type="checkbox"/> Overpayment		Treasury Check		
<input type="checkbox"/> Duplicate Payment		<input checked="" type="checkbox"/> Credit Deposit A/C #:	9 <u>12--0425</u>	
10 REASON:  <input checked="" type="checkbox"/> Overpayment <input type="checkbox"/> Duplicate Payment <input type="checkbox"/> No Fee Due (Explanation):				
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: <u>A Johnson</u>		TITLE: <u>Paralegal</u>		
SIGNATURE: <u>A Johnson</u>		PHONE: <u>308-9140</u>		
OFFICE: <u>PCT</u>				
***** THIS SPACE RESERVED FOR FINANCE USE ONLY *****				
APPROVED: _____		DATE: _____		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance  
Refund Branch  
Crystal Park One, Room 802B